

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

STUDENT NAME: A [REDACTED] A [REDACTED] DATE OF BIRTH [REDACTED] LOCAL ID #: [REDACTED]	DISABILITY CLASSIFICATION: [REDACTED]
PROJECTED DATE IEP IS TO BE IMPLEMENTED:07/15/2022	PROJECTED DATE OF ANNUAL REVIEW:06/27/2023

STUDENT NAME: A [REDACTED] A [REDACTED]

NYC ID: [REDACTED]

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

EVALUATION RESULTS (INCLUDING FOR SCHOOL-AGE STUDENTS, PERFORMANCE ON STATE AND DISTRICT-WIDE ASSESSMENTS)

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

[Redacted content]

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

[Redacted content]

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

[REDACTED]

ACADEMIC ACHIEVEMENT, FUNCTIONAL PERFORMANCE AND LEARNING CHARACTERISTICS

LEVELS OF KNOWLEDGE AND DEVELOPMENT IN SUBJECT AND SKILL AREAS INCLUDING ACTIVITIES OF DAILY LIVING, LEVEL OF INTELLECTUAL FUNCTIONING, ADAPTIVE BEHAVIOR, EXPECTED RATE OF PROGRESS IN ACQUIRING SKILLS AND INFORMATION, AND LEARNING STYLE:

[REDACTED]

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

[REDACTED]

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

Category	Value (approximate)
1	95
2	85
3	98
4	5
5	92
6	50
7	55
8	48
9	53
10	57
11	47
12	51
13	20
14	18
15	15
16	60
17	32
18	20
19	28
20	45
21	96
22	88
23	49
24	99
25	85

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

[REDACTED]

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

[REDACTED]

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

[illegible]

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

Expected Rate of Progress:

Based upon Spring 06/27/22 IEP A [REDACTED] is continuing to make progress toward [REDACTED] reading, math, writing and social emotional goals. For example from Fall 2021 to Spring 2022, in Reading from 140-179, Writing 57-85, Math 45-73, and Social Emotional 101-148, respectively. Due to lack of attendance due to consistent absences based on transportation issues and sickness [REDACTED]'s goals have been modified and include [REDACTED] Preferred Mode of Communication (PMC). [REDACTED] will continue to read/decode first grade words with the use of [REDACTED] preferred mode of communication, which can include prompting and [REDACTED] AAC device [REDACTED]

[REDACTED] With the use of [REDACTED] device or vocal language, more time, specially designed instruction, explicit and direct instruction with repetition, [REDACTED] is expected to make a full year's worth of progression.

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

Speech and Language:

A [REDACTED] currently receives speech and language services individually three times a week as per mandat [REDACTED]

[REDACTED] It is recommended that A [REDACTED] continue to receive Speech and Language services at the mandate of 3x30:1 in order to continue to address [REDACTED] receptive and expressive language skills.

STUDENT STRENGTHS, PREFERENCES, INTERESTS:

ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

Mom was in attendance for re-evaluation meeting via teleconference. Mom was in agreement with goals, continuation of related services, mandates and Non-Public School recommendation that had been previously determined by the Impartial Hearing Order. Mom did not express any further concerns regarding A [REDACTED]'s academic development at this time. Mom did express concern regarding [REDACTED] ability to communicate

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

and use [REDACTED] device effectively.

BCBA was in attendance as well, and expressed concern regarding [REDACTED]'s AAC device. BCBA expressed that [REDACTED] has intelligible expressive/verbal output and would benefit from a support tool rather than a communication tool. The suggested support tool suggested by BCBA was "touch chat" or "proloquo". It was stated that during [REDACTED]'s AT evaluation performed last year [REDACTED] current device was the determination.

The IEP team will continue to support [REDACTED]'s academic, social/emotional and behavioral growth by providing Specially Designed Instruction, Positive Behavior Supports, Token Economy, Related Services, accommodations and modifications.

Academic Management Needs:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

SOCIAL DEVELOPMENT

THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S RELATIONSHIPS WITH PEERS AND ADULTS; FEELINGS ABOUT SELF; AND SOCIAL ADJUSTMENT TO SCHOOL AND COMMUNITY ENVIRONMENTS:

STUDENT STRENGTHS:

SOCIAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

As discussed with mom on the All About Me/Parent input survey, she would like [REDACTED] to improve in terms [REDACTED] cleaning up skills, potty training, and conversing with others. Also, [REDACTED]'s mother and Dr recommended [REDACTED] receive more intensive support in the form of ABA throughout the school day. Based on these concerns, the IEP team suggested the guidance counselor speak with mom regarding additional services to be provided at home.

Mom was in agreement with goals, continuation of related services, mandates and Non-Public School recommendation that had been previously determined by the Impartial Hearing Order. Mom did not express any further concerns regarding [REDACTED]'s social/emotional development at this time.

PHYSICAL DEVELOPMENT

THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S MOTOR AND SENSORY DEVELOPMENT, HEALTH, VITALITY AND PHYSICAL SKILLS OR LIMITATIONS WHICH PERTAIN TO THE LEARNING PROCESS:

Based on the All About Me/Parent Input Survey, [REDACTED]'s mother would like [REDACTED] to become potty trained.

Occupational Therapy (OT): A [REDACTED] is observed to have made progress toward goal [REDACTED]

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

PT: A [REDACTED] receives physical therapy 2x30min/week individually to address gross motor delays. [REDACTED]

[REDACTED] It is recommended that [REDACTED] continue to receive physical therapy 2x30:1 to address [REDACTED] gross motor deficits.

STUDENT STRENGTHS:

OT: [REDACTED]

PT: [REDACTED]

PHYSICAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT
Parent has stated concerns in [REDACTED] ability move faster when in motion.

Mom was in attendance for re-evaluation meeting via teleconference. Mom stated that she agreed with PT assessments [REDACTED] doesn't bend [REDACTED] knees at home when [REDACTED] jumps [REDACTED] participates in excited jumping. PT stated they would continue to work on kicking and throwing a ball, although it is not listed as a goal on the IEP. Mom was in agreement with goals, continuation of related services, mandates and Non-Public School recommendation that had been previously determined by the Impartial Hearing Order. Mom did not express any further concerns regarding A [REDACTED]'s physical development at this time.

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

MANAGEMENT NEEDS

A [REDACTED] can participate in Art and Music in [REDACTED] ratio of 6:1:1 with accommodations and modifications.

Transportation from the closest safe curb location to school due to [REDACTED] impairment in following and responding to safety protocols, cognition, and communication skills.

Monthly parent trainings

Extended school year to minimize loss of skills (6-week summer school)

Academic Management Needs:

Reading management i.e. Prompting, visuals, graphic organizers, real life object representatives

Writing i.e. built up pencil, highlighted paper visuals, writing models,

Math i.e. Number Line, math manipulatives, ten frame, addition machine, visual number cards

Communication i.e. communication device AAC and sentence strips

A [REDACTED] is presently mandated to receive speech and language services three times a week for 30 minutes individually. It is recommended that services remain the same 3x30:1 to address delays in both receptive and expressive language skills.

A [REDACTED] uses individualized Assistive Technology to support [REDACTED] communication needs.

As indicated in Impartial Hearing Order Per the Final Order, the DOE shall provide the Student with a twelve-month intensive behavior analytic full-time program, which follows ABA principals, where he will receive 1:1 instruction, with one (1) hour of BCBA Supervision for every five (5) hours that the Student is in the classroom. In the event the DOE determines that such program is only available in a nonpublic school that, a deferral shall be made to the CBST to make such recommendation. Per the Final Order, the student shall receive the following for the duration/effective period of the IEP revised per this Order: Parent Counseling and Training, (1) hour per month; SLT 5x30 per week; OT 3x30 per week; PT 3x30 per week.

EFFECT OF STUDENT NEEDS ON INVOLVEMENT AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL STUDENT, EFFECT OF STUDENT NEEDS ON PARTICIPATION IN APPROPRIATE ACTIVITIES

STUDENT NAME: A■■■■ A■■■■

NYC ID: ■■■■■

STUDENT NEEDS RELATING TO SPECIAL FACTORS

BASED ON THE IDENTIFICATION OF THE STUDENT'S NEEDS, THE COMMITTEE MUST CONSIDER WHETHER THE STUDENT NEEDS A PARTICULAR DEVICE OR SERVICE TO ADDRESS THE SPECIAL FACTORS AS INDICATED BELOW, AND IF SO, THE APPROPRIATE SECTION OF THE IEP MUST IDENTIFY THE PARTICULAR DEVICE OR SERVICE(S) NEEDED:

STUDENT NAME: A■■■■ A■■■■

NYC ID: ■■■■■

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE IF DETERMINED APPROPRIATE)

MEASURABLE POSTSECONDARY GOALS

LONG-TERM GOALS FOR LIVING, WORKING AND LEARNING AS AN ADULT

EDUCATION/TRAINING: Deemed not applicable at this time.

EMPLOYMENT: Deemed not applicable at this time.

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE IF DETERMINED APPROPRIATE)

MEASURABLE POSTSECONDARY GOALS

LONG-TERM GOALS FOR LIVING, WORKING AND LEARNING AS AN ADULT

INDEPENDENT LIVING SKILLS (WHEN APPROPRIATE): Deemed not applicable at this time.

TRANSITION NEEDS

In consideration of present levels of performance, transition service needs of the student that focus on the student's courses of study, taking into account the student's strengths, preferences and interests as they relate to transition from school to post-school activities:
Deemed not applicable at this time.

STUDENT NAME: A [REDACTED] A [REDACTED]

NYC ID: [REDACTED] 5

ALTERNATE SECTION FOR STUDENTS WHOSE IEPs WILL INCLUDE SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS (REQUIRED FOR PRESCHOOL STUDENTS AND/OR SCHOOL-AGE STUDENTS WHO MEET ELIGIBILITY CRITERIA TO TAKE THE NEW YORK STATE ALTERNATE ASSESSMENT)

MEASURABLE ANNUAL GOALS

THE FOLLOWING GOALS ARE RECOMMENDED TO ENABLE THE STUDENT TO BE INVOLVED IN AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL CHILD, IN APPROPRIATE ACTIVITIES, ADDRESS OTHER EDUCATIONAL NEEDS THAT RESULT FROM THE STUDENT DISABILITY, AND, FOR A SCHOOL-AGE STUDENT, PREPARE THE STUDENT TO MEET HIS/HER POSTSECONDARY GOALS.

ANNUAL GOALS WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	CRITERIA MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	METHOD HOW PROGRESS WILL BE MEASURED	SCHEDULE WHEN PROGRESS WILL BE MEASURED
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

IEP PROGRESS REPORT

1st Progress report for this IEP ☐

2nd Progress report for this IEP ☐

3rd Progress report for this IEP ☐

4th Progress report for this IEP ☐

5th Progress report for this IEP ☐

6th Progress report for this IEP ☐

7th Progress report for this IEP ☐

8th Progress report for this IEP ☐

ANNUAL GOALS WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	CRITERIA MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	METHOD HOW PROGRESS WILL BE MEASURED	SCHEDULE WHEN PROGRESS WILL BE MEASURED
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS (INTERMEDIATE STEPS BETWEEN THE STUDENT'S PRESENT LEVEL OF PERFORMANCE AND THE MEASURABLE ANNUAL GOAL):

[REDACTED]

[REDACTED]

IEP PROGRESS REPORT

1st Progress report for this IEP ☐

2nd Progress report for this IEP ☐

3rd Progress report for this IEP ☐

4th Progress report for this IEP ☐

8th Progress report for this IEP ☐

ANNUAL GOALS WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	CRITERIA MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	METHOD HOW PROGRESS WILL BE MEASURED	SCHEDULE WHEN PROGRESS WILL BE MEASURED
[REDACTED]		[REDACTED]	[REDACTED] per month
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]			

SHORT-TERM INSTRUCTIONAL OBJECTIVES AND/OR BENCHMARKS (INTERMEDIATE STEPS BETWEEN THE STUDENT'S PRESENT LEVEL OF PERFORMANCE AND THE MEASURABLE ANNUAL GOAL):

IEP PROGRESS REPORT

6th Progress report for this IEP ☐

8th Progress report for this IEP ☐[illegible]

IEP PROGRESS REPORT

8th Progress report for this IEP ☐

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ANNUAL GOALS WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE	CRITERIA MEASURE TO DETERMINE	METHOD HOW PROGRESS WILL BE MEASURED	SCHEDULE WHEN PROGRESS WILL BE MEASURED
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BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	IF GOAL HAS BEEN ACHIEVED		
[REDACTED]		[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]			
[REDACTED]			

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IEP PROGRESS REPORT

1st Progress report for this IEP ☐

2nd Progress report for this IEP ☐

3rd Progress report for this IEP ☐

4th Progress report for this IEP ☐

5th Progress report for this IEP ☐

6th Progress report for this IEP ☐

7th Progress report for this IEP ☐

8th Progress report for this IEP ☐

ANNUAL GOALS	CRITERIA	METHOD	SCHEDULE
WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE	MEASURE TO DETERMINE	HOW PROGRESS WILL BE	WHEN PROGRESS WILL BE

ANNUAL GOALS WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	CRITERIA MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	METHOD HOW PROGRESS WILL BE MEASURED	SCHEDULE WHEN PROGRESS WILL BE MEASURED
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

1st Progress report for this IEP	<input type="checkbox"/>
2nd Progress report for this IEP	<input type="checkbox"/>
3rd Progress report for this IEP	<input type="checkbox"/>
4th Progress report for this IEP	<input type="checkbox"/>
5th Progress report for this IEP	<input type="checkbox"/>
6th Progress report for this IEP	<input type="checkbox"/>
7th Progress report for this IEP	<input type="checkbox"/>
8th Progress report for this IEP	<input type="checkbox"/>

ANNUAL GOALS WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT	CRITERIA MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED	METHOD HOW PROGRESS WILL BE MEASURED	SCHEDULE WHEN PROGRESS WILL BE MEASURED
[REDACTED]	[REDACTED]	[REDACTED] [REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	

1st Progress report for this IEP ☐

2nd Progress report for this IEP ☐

3rd Progress report for this IEP ☐

4th Progress report for this IEP ☐

5th Progress report for this IEP ☐

6th Progress report for this IEP ☐

7th Progress report for this IEP ☐

8th Progress report for this IEP ☐

[illegible]

IEP PROGRESS REPORT1st Progress report for this IEP ☐2nd Progress report for this IEP ☐3rd Progress report for this IEP ☐4th Progress report for this IEP ☐5th Progress report for this IEP ☐6th Progress report for this IEP ☐7th Progress report for this IEP ☐8th Progress report for this IEP ☐

STUDENT NAME: A■■■■ A■■■■

NYC ID: ■■■■■

REPORTING PROGRESS TO PARENTS

Identify when periodic reports on the student's progress toward meeting the annual goals will be provided to the student's parents:
at the same time school report cards are issued

STUDENT NAME: A■■■■ A■■■■

NYC ID: ■■■■■

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES

SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS*	FREQUENCY HOW OFTEN PROVIDED	DURATION LENGTH OF SESSION	LOCATION WHERE SERVICE WILL BE PROVIDED	PROJECTED BEGINNING / SERVICE DATE(S)
SPECIAL EDUCATION PROGRAM:					

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES					
Special Class Math	6:1+1 Language of Service: English	10 time(s) per week	Period	Special Education Classroom	07/15/2022
Special Class ELA	6:1+1 Language of Service: English	10 time(s) per week	Period	Special Education Classroom	07/15/2022
Special Class Social Studies	6:1+1 Language of Service: English	3 time(s) per week	Period	Special Education Classroom	07/15/2022 08/12/2022
Special Class Sciences	6:1+1 Language of Service: English	3 time(s) per week	Period	Special Education Classroom	07/15/2022 08/12/2022
Special Class Social Studies	6:1+1 Language of Service: English	4 time(s) per week	Period	Special Education Classroom	09/07/2022
Special Class Sciences	6:1+1 Language of Service: English	4 time(s) per week	Period	Special Education Classroom	09/07/2022
RELATED SERVICES:					
Occupational Therapy	Individual service Language of Service: English	3 time(s) per week	30 minutes	Separate Location Therapy Area/Therapy Office/Special Education Classroom/Hallway/Cafeteria	07/15/2022
Parent Counseling and Training	Individually/Group	Monthly	60 Minutes	School(s)/Virtually	07/15/2022
Physical Therapy	Individual service Language of Service: English	3 time(s) per week	30 minutes	Separate Location Therapy Area/Therapy Office/Special Education Classroom/Hallway/Cafeteria	07/15/2022
Speech-Language Therapy	Individual service	5 time(s)	30 minutes	Separate Location Therapy	07/15/2022

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES					
	Language of Service: English	per week		Area/Therapy Office/Special Education Classroom/Hallway/Cafeteria	
SUPPLEMENTARY AIDS AND SERVICES/PROGRAM MODIFICATIONS/ACCOMMODATIONS:					
ASSISTIVE TECHNOLOGY DEVICES AND/OR SERVICES:					
Dynamic display speech generating device (SGD)	Individual service	Daily	N/A	School and home	07/15/2022
SUPPORTS FOR SCHOOL PERSONNEL ON BEHALF OF THE STUDENT:					
* Identify, if applicable, class size (maximum student-to-staff ratio), language if other than English, group or individual services, direct and/or indirect consultant teacher services or other service delivery recommendations.					

STUDENT NAME: A A

NYC ID:

12-MONTH SERVICE AND/OR PROGRAM Student is eligible to receive special education services and/or program during July/Augus <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: <input checked="" type="checkbox"/> Student will receive the same special education program/services as recommended above. OR <input type="checkbox"/> Student will receive the following special education program/services:					
SPECIAL EDUCATION PROGRAM/SERVICES	SERVICE DELIVERY RECOMMENDATIONS	FREQUENCY	DURATION	LOCATION	PROJECTED BEGINNING /

					SERVICE DATE(S)

For a preschool student, reason(s) the child requires services during July and August:

STUDENT NAME: A■■■■ A■■■■

NYC ID: ■■■■■

TESTING ACCOMMODATIONS(TO BE COMPLETED FOR PRESCHOOL CHILDREN ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL CHILDREN); INDIVIDUAL TESTING ACCOMMODATIONS, SPECIFIC TO THE STUDENT'S DISABILITY AND NEEDS, TO BE USED CONSISTENTLY BY THE STUDENT IN THE RECOMMENDED EDUCATIONAL PROGRAM AND IN THE ADMINISTRATION OF DISTRICT-WIDE ASSESSMENTS OF STUDENT ACHIEVEMENT AND, IN ACCORDANCE WITH DEPARTMENT POLICY, STATE ASSESSMENTS OF STUDENT ACHIEVEMENT.

TESTING ACCOMMODATIONS	CONDITIONS*	IMPLEMENTATION RECOMMENDATIONS**
<input checked="" type="checkbox"/> NONE		

*Conditions — Test Characteristics: Describe the type, length, purpose of the test upon which the use of testing accommodations is conditioned, if applicable.
 **Implementation Recommendations: Identify the amount of extended time, type of setting, etc., specific to the testing accommodations, if applicable.

STUDENT NAME: A■■■■ A■■■■

NYC ID: ■■■■■

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE, IF DETERMINED APPROPRIATE).

COORDINATED SET OF TRANSITION ACTIVITIES

NEEDED ACTIVITIES TO FACILITATE THE STUDENT'S MOVEMENT FROM SCHOOL TO POST-SCHOOL ACTIVITIES	SERVICE/ACTIVITY	SCHOOL DISTRICT/AGENCY RESPONSIBLE
Instruction	Deemed not applicable at this time.	Deemed not applicable at this time.
Related Services	Deemed not applicable at this time.	Deemed not applicable at this time.
Community Experiences	Deemed not applicable at this time.	Deemed not applicable at this time.
Development of Employment and Other Post-school Adult Living Objectives	Deemed not applicable at this time.	Deemed not applicable at this time.
Acquisition of Daily Living Skills (if applicable)	Deemed not applicable at this time.	Deemed not applicable at this time.
Functional Vocational Assessment (if applicable)	Deemed not applicable at this time.	Deemed not applicable at this time.

STUDENT NAME: A [REDACTED] A [REDACTED]

NYC ID: [REDACTED]

PARTICIPATE IN STATE AND DISTRICT-WIDE ASSESSMENTS

(TO BE COMPLETED FOR PRESCHOOL STUDENTS ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL STUDENTS)

PARTICIPATE IN STATE AND DISTRICT-WIDE ASSESSMENTS

(TO BE COMPLETED FOR PRESCHOOL STUDENTS ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL STUDENTS)

Does the student have a severe cognitive disability, significant deficits in communication/language and significant deficits in adaptive behavior? * ☒ Yes ☐ No

Does the student require a highly specialized educational program that facilitates the acquisition, application and transfer of skills across natural environments(home, school, community, and/or workplace)? * ☒ Yes ☐ No

Does the student require educational support systems such as but not limited to, assistive technology, personal care services, health/medical services, or behavioral intervention? * ☒ Yes ☐ No

☐ The student will participate in the same State and district-wide assessments of student achievement that are administered to general education students.

☒ The student will participate in an alternate assessment on a particular State or district-wide assessment of student achievement.

Identify the alternate assessment:

District Approved/school Alternate assessment.
NYSAA

Alternate Assessment Subjects:

ELA

Math

Statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student:

STUDENT NAME: A [REDACTED] A [REDACTED]

NYC ID: [REDACTED]

PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES

PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES

REMOVAL FROM THE GENERAL EDUCATION ENVIRONMENT OCCURS ONLY WHEN THE NATURE OR SEVERITY OF THE DISABILITY IS SUCH THAT EVEN WITH THE USE OF SUPPLEMENTARY AIDS AND SERVICES, EDUCATION CANNOT BE SATISFACTORILY ACHIEVED.

FOR THE PRESCHOOL STUDENT:

Explain the extent, if any, to which the student will not participate in appropriate activities with age-appropriate nondisabled peers (e.g., percent of the school day and/or specify particular activities):

FOR THE SCHOOL-AGE STUDENT:

Explain the extent, if any, to which the student will not participate in regular class, extracurricular and other nonacademic activities (e.g., percent of the school day and/or specify particular activities):

If the student is not participating in a regular physical education program, identify the extent to which the student will participate in specially-designed instruction in physical education, including adapted physical education:

EXEMPTION FROM LANGUAGE OTHER THAN ENGLISH DIPLOMA REQUIREMENT:

☐ No ☐ Yes - The Committee has determined that the student's disability adversely affects his/her ability to learn a language and recommends the student be exempt from the language other than English requirement.

STUDENT NAME: A■■■■ A■■■■

NYC ID: ■■■■■

SPECIAL TRANSPORTATION

TRANSPORTATION RECOMMENDATION TO ADDRESS NEEDS OF THE STUDENT RELATING TO HIS/HER DISABILITY

☐ None.

☒ Student needs special transportation accommodations/services as follows:

Transportation from the closest safe curb location to school.

SPECIAL TRANSPORTATION
TRANSPORTATION RECOMMENDATION TO ADDRESS NEEDS OF THE STUDENT RELATING TO HIS/HER DISABILITY
Reason(s) why the student needs special transportation service and/or accommodations: <div style="background-color: black; height: 40px; width: 100%;"></div>
<input type="checkbox"/> Student needs transportation to and from special classes or programs at another site:
PLACEMENT RECOMMENDATION
NYSED-Approved Non Public School - Day

SUMMARY
STUDENT INFORMATION
Student Name: A [REDACTED] A [REDACTED] NYC ID: [REDACTED] DOB: [REDACTED] Parents Language(s) Spoken/Mode Communication: English
IEP INFORMATION
Date of IEP Meeting: 06/27/2022 IEP Amendment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Reconvene of IEP Meeting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
INSTRUCTIONAL/FUNCTIONAL LEVELS
Reading: Kindergarten Math: Kindergarten
SUMMARY OF RECOMMENDATIONS

Classification of Disability: Autism**Recommended Services:**

Special Education Programs

Special Class	English
Special Class	English
Special Class	English
Special Class	English
Special Class	English
Special Class	English

Related Services

Occupational Therapy	English
Parent Counseling and Training	
Physical Therapy	English
Speech-Language Therapy	English

12-Month Services:

Special Class	English
Special Class	English
Special Class	English
Special Class	English
Special Class	English
Special Class	English
Occupational Therapy	English
Parent Counseling and Training	
Physical Therapy	English
Speech-Language Therapy	English

Participate in State and District-Wide Assessments:

The student will participate in an alternate assessment on a particular State or district-wide assessment of student achievement

Identify the alternate assessment:

District Approved/school Alternate assessment.

NYSAA

Alternate Assessment Subjects:

ELA

Math

Statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student:

Does A [REDACTED] have a Behavioral Intervention Plan? No

Recommended for Specialized Transportation: ☐ None ☒ Student needs specialized transportation

School Type: NYSED-Approved Non Public School - Day

Medical Alert: The student has ☐ medical conditions and/or ☐ physical limitations which affect this ☐ learning, ☐ behavior and/or ☐ participation in school activities.

The student requires ☐ medical and/or ☐ health care treatment(s) or procedure(s) during the school day.

Accessibility:

Does the student need an accessible school building? No

Does the student have limited mobility? No

PROMOTION CRITERIA

CURRENT YEAR

☐ Standard ☐ Modified

NEXT YEAR

☐ Standard ☐ Modified

Parent Concerns:

Mom was in attendance for re-evaluation meeting via teleconference. Mom was in agreement with goals, continuation of related services, mandates and Non-Public School recommendation that had been previously determined by the Impartial Hearing Order.

BCBA was in attendance as well, and expressed concern regarding A [REDACTED]'s AAC device. Mom did agree with the BCBA that A [REDACTED] would benefit from a different communication device; A [REDACTED] has intelligible expressive/verbal output and would benefit from a support tool rather than a communication tool. The suggested support tool suggested by BCBA was "touch chat" or "proloquo". The team informed the BCBA and mom that A [REDACTED] underwent an Assistive Technology evaluation last year (2021) and the tool [REDACTED] is currently using is the recommended device by the

technology department, any change in programming would require another evaluation. If mom/BCBA wanted to submit a new request for Assistive Technology Re-Evaluation, they are entitled to do so, however, it might be more beneficial to wait until Aza [REDACTED] in his [REDACTED] Non-Public School program, and has adjusted to make the request. Mom and BCBA stated that understood the recommendation and would take it into consideration.

Parent was informed that upon finalization of this IEP, it would be sent to CBST (central) and they would be in touch with her to amend/reconvene IEP to address the needs of the Non-Public School. Mom inquired whether or not A [REDACTED] could be permitted to continue to attend [REDACTED] current school location, [REDACTED] and the team informed mom that until she and CBST have found NPS placement, Az [REDACTED] attend [REDACTED] current school/program.

The IEP team will continue to support A [REDACTED] academic, social/emotional and behavioral growth by providing Specially Designed Instruction such as visual and verbal prompts, Positive Behavior Supports including verbal praise, Token Economy such as access to incentives, Related Services including Occupational Therapy, Physical Therapy, Speech and Language Therapy, accommodations and modifications.

OTHER OPTIONS CONSIDERED

General Education
Home/Hospital Instruction

Reason(s) for Rejection: As indicated in Impartial Hearing Order Per the Final Order, the DOE shall provide the Student with a twelve-month intensive behavior analytic, full-time program, which follows ABA principals, where he will receive 1:1 instruction, with one (1) hour of BCBA Supervision for every five (5) hours that the Student is in the classroom. In the event the DOE determines that such program is only available in a nonpublic school that, a deferral shall be made to the CBST to make such recommendation. Per the Final Order, the student shall receive the following for the duration/effective period of the IEP revised per this Order: Parent Counseling and Training, (1) hour per month; SLT 5x30 per week; OT 3x30 per week; PT 3x30 per week.

Home/hospital instruction was considered and rejected because A [REDACTED] does not need such intensive instruction as it would hinder [REDACTED] social skills and level of independence.

General education was considered and rejected because A [REDACTED] needs more intensive instruction and adult supervision due to [REDACTED] distractibility.

STUDENT NAME: A [REDACTED] A [REDACTED]

NYC ID: [REDACTED]

DATE OF IEP MEETING: 06/27/2022

ATTENDANCE PAGE

PLEASE NOTE THAT YOUR SIGNATURE REFLECTS YOUR PARTICIPATION AT THE CONFERENCE AND DOES NOT NECESSARILY INDICATE AGREEMENT WITH THE INDIVIDUALIZED EDUCATION PROGRAM.

ATTENDANCE PAGE		
ROLE (INDICATE IF BILINGUAL)	NAME	SIGNATURE
Related Service Provider/Special Education Teacher	M [REDACTED] S [REDACTED]	Participated by telephone
Parent/Legal Guardian	T [REDACTED] M [REDACTED]	Participated by telephone
District Representative	J [REDACTED] B [REDACTED]	Participated by telephone
Physical Therapist	J [REDACTED] M [REDACTED]	Participated by telephone
School Psychologist	A [REDACTED] K [REDACTED]	Participated by telephone
BCBA Supervisor	J [REDACTED] C [REDACTED]	Participated by telephone